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NOTICE OF APPEAL FROM THE EXAMINER TO THE **BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket Number (Optional) 2925-0161P

\$ \$320.00.



The fee for this Notice of Appeal is (37 CFR 1.17(b))

is reduced by half, and the resulting fee is:

In re Application of			OCT 1 8
Sarvar PATEL			2 1/8
Application Number		Filed	echnology of
09/127,767		July 31, 19	Pechnology Cente
For			
Method for Two Par	ty Authentication a	and Key Agre	ement
	aminer		
2132 S.	KABAKOFF		

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, September 27, 2001, rejecting the following claims: 1-22.

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above

A check in the amount of the fee is enclosed.	
Payment by credit card. Form PTO-2038 is attached.	
X The Commissioner has already been authorized to charge fees in this ap enclosed a duplicate copy of this sheet.	oplication to a Deposit Account. I have
X The Commissioner is hereby authorized to charge any fees which may b Deposit Account No. <u>12-2325</u> . I have enclosed a duplicate copy of this	
X A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) Final on September 19, 2001.	nas been previously submitted with the filing of the
WARNING: Information on this form may become public. Credit card form. Provide credit card information and authorization on PTO-2038.	
I am the	//www
☐ applicant/inventor.	Signature
☐ assignee of record of the entire interest. See 37 CFR 3.71.	
Statement under 37 CFR 3.73(b) is enclosed.	1/
X attorney or agent of record.	John A. Castellano
☐ attorney or agent acting under 37 CFR 1.34(a).	Typed or printed name
Registration number if acting under 37 CFR 1.34(a)	
	October 11, 2001
	Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

*Total of

forms if more than one signature is required, see below*.

forms are submitted.

PTO/SB/17 (11-00)
App: _____for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL	Complete if Known					
FEE TRANSMIT	Application Number	09/127,767	D _r			
FEE TRANSMITTAL for FY 2001	Filing Date	July 31, 1998	"ECEN			
(OCT 1 2 2001 Th	First Named Inventor	Sarvar PATEL	OCT ,			
Patent fees are subject to annual povision.	Examiner Name	S. KABAKOFF	Tech 1820			
Tak rest	Group / Art Unit	2132	On Tology			
TOTAL AMOUNT OF PAYMENT (\$) \$320.00	Attorney Docket No.	2925-0161P	Technology Come 2			

TOTAL		****			Ψ320.0	_		Allon	ley Dock	0.1.0.			
METHOD OF PAYMENT (check one)										FEE CALCULATION (continued)			
1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:						3. AD	DITIONAl Large Entity Fee	L FEE\$	Small Entity Fee		Fee		
Depos		12-2	325				1	Code	(\$)	Code	(\$)	Fee Description	Paid
Number						105	130	205	65	Surcharge - late filing fee or oath			
Depos	sit							127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
Account Lucent Technologies, Inc.						139	130	139	130	Non-English specification			
Name ☑ Charge Any Additional Fee Required								147	2,520	147	2,520	For filing a request for reexamination	
_ '	Jnder 37	CFR 1.1	6 and 1.1	17				112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
	See 37 C Payme	FR 1.27		y status.				113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
	1 ayılıc	THE CHICAC	seu.					115	110	215	55	Extension for reply within first month	
	Check	☐ Ci	redit card	☐ Money Order		Other		116	390	216	195	Extension for reply within second month	
			FEE C	ALCULATION				117	890	217	445	Extension for reply within third month	
	ASIC FII							118	1,390	218	695	Extension for reply within fourth month	
irge	Entity		Entity	F D!-4!-	_			128	1,890	228	945	Extension for reply within fifth month	
e ode		Fee Code	Fee (\$)	Fee Descriptio	n	Fee	Paid	119	310	219	155	Notice of Appeal	\$320
		201		Utility filing fee		_ 	1	120	310	220	155	Filing a brief in support of an appeal	
6 7	320	206 207	160	Design filing fee	•			121	270 1,510	221 138	135 1,510	Request for oral hearing Petition to institute a public use	
		208		Reissue filing fe								proceeding	
4		214		Provisional filling				140	110	240	55	Petition to revive – unavoidable	-
•	100	-1-	,,	1 TOVISIONAL IIIIII	9 100			141	1,240	241	620	Petition to revive – unintentional	<u> </u>
		SI	UBTOTA	L (1)	[(\$) 0)	142 143	1,240 440	242 243	620 220	Utility issue fee (or reissue)	
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EXIK	A CLAII	AI LEE9	1	Extra I	Fee from		Fee	122	130	122	130	Petitions to the Commissioner	
al Claim	s 🗆	-	=		below	_	Paid 0	123	130	123	130	Petitions related to provisional applications	
pendent ns			=	0 x		= [0	126	180	126	180	Submission of Information Disclosure Stmt	
tiple endent			•	×[= [0	581	40	581	40	Recording each patent assignment per property (times number of properties)	
rge e	Entity Fee	Fee	Entity Fee	Fee Description			146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))		
ode 3	(\$) 18	Code 203	(\$) 9	Claims in excess of 20			149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))		
2	80	202	40	Independent claims in excess of 3			179	710	279	355	Request for Continued Examination (RCE)		
4 9	270 80	204 209	135 40	Multiple dependent claim, if not paid ** Reissue independent claims over			169	900	169	900	Request for expedited examination		
original patent original patent **Reissue claims in excess of 20 and over original patent									of a design application				
SUBTOTAL (2) (\$) 0						Other f	Other fee (specify)						
					_			*Redu	ced by Ba	asic Filing	Fee Pa	aid SUBTOTAL (3) (\$) 320	.00
or numb	er previo	usly paid,	if greater	; For Reissues, se	ee above			1				(4) 525	

SUBMITTED BY Complete (if applicable)										
Name (Print/Type)	John A. Ccastellano	Registration No. Astorney/Agent)	35,094	Telephone	(703) 390-3030					
Signature	MUG	WH/B		Date	October 11, 2001					

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